



A publication dedicated to health, plan benefits and agency news.

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POINTS TO REMEMBER

Contact PEBP if you are:

- Retiring
- Having a new baby
- Getting married
- Getting divorced
- Moving

775-684-7000 or
800-326-5496
mservices@peb.state.nv.us

Applying for disability retirement?

You may also qualify for long-term disability benefits through The Standard. For information, please call The Standard at 888-288-1270

Summer 2012

Being a Wise Healthcare Consumer

Making good health decisions while trying to manage out-of-pocket medical expenses can be a daunting experience, especially when the pricing for a particular healthcare service can vary widely even within the provider network. As healthcare costs continue to rise, participants need to become more sophisticated in making utilization decisions to lower their out-of-pocket costs. Here are some tips you can use to help stretch your healthcare dollars further:

Use providers in your network whenever possible

You will pay less when you use providers such as doctors, hospitals and pharmacies that are in your plan's network. When you and your family use network providers, you save on out-of-pocket expenses because the providers have agreed to accept negotiated prices for their services. Using *out-of-network* (*non-PPO*) providers can result in balance billing and higher out-of-pocket costs because the provider can bill you for the amount that exceeds the approved payment amount. Furthermore, there is a higher deductible and out-of-pocket maximum for out-of-network providers.

Ask your provider for pricing information on healthcare services

Call your hospital or provider's office for pricing on procedures and services. Providers expect to be asked for this information, so don't hesitate to ask. You will need to know the specific services you require. Write down the name of the service and if possible, ask your doctor to provide the billing codes for the services. Before you call the provider, determine what a fair price is by using the Internet pricing tools at www.pebp.state.nv.us. Also, make sure you tell your provider that you have insurance so any discounts can be applied. If your treatment is a surgical procedure ask about pricing for all components of care, including surgeon, hospital, and anesthesia fees. Also, ask if there are other fees that may be charged that you have not covered during your conversation.

Compare prices for MRI and CT scans

Prices for MRI and CT scans can vary substantially depending on the provider and healthcare facility where you have them performed. Some imaging centers charge three to five times more than other centers. This is true both for patients using network providers and those paying cash. Always ask about the price before you receive the service and utilize the Internet pricing tools to determine if the cost is reasonable. If the price seems excessive, you should call other imaging centers to check their pricing or ask your ordering physician about other imaging centers that might have more reasonable prices in your area.

Outpatient laboratory services

There is a vast price differential between lab services performed at an independent free-standing contracted facility versus performed in an outpatient hospital setting. The CD PPO HDHP *excludes* benefits for lab testing performed in an outpatient hospital setting *except* for pre-admission testing, urgent care or emergency care or when there is no independent lab testing facility or draw station available within 50 miles of your residence.

Continued on next page

Public Employees' Benefits Program

901 South Stewart Street, Suite 1001, Carson City, NV 89701

775-684-7000 or 800-326-5496 Email: mservices@peb.state.nv.us www.pebp.state.nv.us

Being a Wise Healthcare Consumer

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*Chief Information
Technology Officer*

Nancy Spinelli
*Public Information
Officer*

BOARD MEETINGS

Sept. 13, 2012
9:00 a.m.

Tentative location:
Legislative Building
401 S. Carson Street
Room 1214, Carson
City

Video-conference:
Grant Sawyer Bldg.
555 E. Washington
Ave. Room 4406
Las Vegas

To confirm meeting
date/time or for future
meetings, please visit:
www.pebp.state.nv.us
or call 775-684-7000
800-326-5496.

Diagnostic testing

More providers are starting to perform diagnostics in their own offices. In-office tests may include x-rays, ultrasound and/or bone density studies. In-office tests are often (but not always) the best value. If your doctor offers you an in-office test, be sure to ask for the cost and compare the price to other diagnostic testing facilities.

Use Internet pricing tools to compare competing healthcare costs

The cost of a particular service or procedure can vary widely among providers based on their negotiated rate with the network. To ensure you are paying a fair price for a particular service, ask your provider for a price quote before receiving treatment. Compare that cost to the *average cost* charged by other providers in your geographical area using the Healthcare Blue Book and/or the Fair Health Consumer Price Lookup at www.pebp.state.nv.us. If your provider's price appears high, you can call other providers in your network for their pricing to see if you can find a better deal.

Use the Catalyst Rx Price and Save Tool to compare drug costs

Compare the cost of generic versus brand-name medications and shop for the best deal at your local pharmacies. Compare the cost of a 90-day mail order prescription to the 90-day retail cost at your local pharmacy. In some cases, depending on the medication, mail order may not always be the least expensive way to go. To compare the cost of prescriptions using in-network pharmacies, use the *Catalyst Rx Price and Save Tool* available at www.CatalystRx.com.

Get routine medical checkups

A routine checkup from your doctor or healthcare provider is a good way to learn about your health status. Routine checkups can help identify a health problem that you may not know about. Some diseases such as high blood pressure and certain cancers may not have symptoms in their early stages. Regular tests and exams can help detect these illnesses early. If your doctor recommends a test or other exam, ask what it is for and if it is really necessary. Follow your doctor's advice, but also verify whether the test or exam is covered by your insurance.

Preventive/wellness screenings and vaccinations

Getting annual wellness/preventive screenings and physician recommended vaccinations can be an important investment of your time and money. Your primary care physician can provide most vaccines, along with counseling on routine health screenings to detect or help prevent health issues before they become problems later on.

Get routine dental exams and cleanings

Keep your teeth and gums healthy. Tooth decay and gum disease are caused by plaque, a sticky combination of food and bacteria that begins to accumulate within 20 minutes of eating. If this plaque is not removed thoroughly each day, tooth decay will flourish and may cause serious health problems. Seeing your dentist for regular dental exams, teeth cleanings and x-rays for the early detection and treatment of minor dental problems could save you significantly in the future. The PPO Dental plan covers four teeth cleanings per plan year, paid at the 100% benefit level when using in-network dental providers.

See your primary care doctor before you see a specialist

Regardless of whether you are covered under the CD PPO HDHP or HMO plan, it is important to have a primary care physician. The primary care physician could be a family doctor, internist, or an obstetrician/gynecologist. When you need medical care, see your primary care doctor before you see a specialist. If your primary care doctor cannot take care of your needs, he or she will refer you to a specialist who can.

Being a Wise Healthcare Consumer

Emergency care versus Urgent care

Before seeking medical care at an emergency room, consider the severity of your condition and your options. Do you need immediate medical care or can you wait until your regular doctor is available? Emergency rooms treat patients with the most serious conditions first, so patients with less urgent needs generally have to wait longer to see a doctor. Urgent Care centers only see patients with routine conditions; however, if you choose to visit an Urgent Care center instead of an emergency room, you can avoid high out-of-pocket costs, often hundreds to thousands of dollars.

Choosing the right healthcare facility for your medical needs and pocketbook

If your doctor recommends a surgical procedure, make sure to tell him or her the cost of the procedure is an important consideration for you. This will help your doctor determine the best treatment options available. For example, many surgeries can be performed as an outpatient at an ambulatory surgery center (least expensive), outpatient at a hospital, or as an inpatient in the hospital (most expensive). To view a price comparison of various inpatient hospital stays in Nevada, please visit the Nevada Hospital Association's website at www.nvpricepoint.net/Default.aspx. (Note: Prices are not representative of the CD PPO HDHP in-network provider discounts.)

Hospital Quality

Doing a little homework before you choose a hospital can do more than give you peace of mind. Choosing a hospital that scores high on quality, patient safety and superior health outcomes can make it easier to recover from a serious event such as heart surgery, or a routine event like having a baby. There is information available to help you make an educated decision about what hospital to use. To compare hospital quality, visit www.hospitalcompare.hhs.gov or www.healthgrades.com.

Scrutinize your medical billing for errors

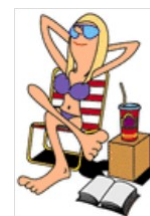
You may not be able to control all of your healthcare costs, but you should scrutinize your medical bills for errors or discrepancies. Be mindful of minor charges especially when it comes to hospital bills. Make sure you are billed for only the services you were provided. Watch for duplicate charges for tests, medicines, and doctor's visits. If you find any discrepancies, report them immediately to the provider and to the claims administrator.

Use your Health Savings Account (HSA)

One of your biggest savings vehicles is the HSA. Eligible employees can contribute funds to the HSA via pre-tax payroll deductions. The money in the HSA can be used to pay for qualifying out-of-pocket medical expenses. Unused money can be carried over in future years. See additional details about the HSA at www.pebp.state.nv.us.



Health Tips



Summer may be fading fast, but the sun isn't going anywhere. During the warmer days of summer, many people increase their exposure to the sun, increasing risk of sunburn and sun related damage. Overexposure to the sun's dangerous ultraviolet (UV) rays can wreak havoc on your skin, eyes, and immune system. Here are a few facts related to the dangers of UV light exposure:

- UV radiation is the most important environmental factor in the development of skin cancer.
- More than 1 million cases of basal cell or squamous cell cancer are diagnosed annually.
- One blistering sunburn can increase a child's lifetime risk of developing skin cancer.
- Concrete, sand, water, and snow reflect 85% to 90% of the sun's UV rays which can cause injury, even without direct sun exposure.
- You can sunburn on a cloudy day.

Summer Health Tips

August is National Immunization Awareness Month

To avoid sunburn and reduce the risk of cancer, the *American Cancer Society* and the *Skin Cancer Foundation* recommends the following:

- When possible, avoid outdoor activities during the hours of 10 AM and 4 PM, when the sun's rays are the strongest.
- Always wear a broad-spectrum sunscreen with a Sun Protection Factor (SPF) of 15 or higher to protect against both UVA and UVB radiation.
- Be sure to reapply sunscreen frequently, especially after swimming, perspiring heavily or drying with a towel.
- Wear a hat with a 4-inch brim because it protects areas often exposed to the sun, such as the neck, ears, eyes, forehead, nose and scalp.
- Wear clothing to protect as much skin as possible. Long-sleeved shirts, long pants, or long skirts are the most protective. Dark colors provide more protection than light colors by preventing more UV rays from reaching your skin. A tightly woven fabric provides greater protection than loosely woven fabric.
- To protect your eyes from sun damage, wear sunglasses that block 99 to 100 percent of UVA and UVB radiation.
- Consider wearing cosmetics and lip protectors with an SPF of at least 15 to protect your skin year-round.
- Swimmers should remember to regularly apply sunscreen. UV rays reflect off of water and sand, increasing the intensity of UV radiation and making sun protection especially important.
- Some medications, such as antibiotics, can increase your skin's sensitivity to the sun. Ask your doctor or pharmacist about the medicines you take and learn more about extra precautions.
- Children need extra protection from the sun. One or two blistering sunburns before the age of 18 dramatically increases the risk of skin cancer. Encourage children to play in the shade, wear protective clothing and apply sunscreen regularly.

For more information on sun safety, visit the Skin Cancer Foundation at www.skincancer.org or the American Cancer Society at www.cancer.org.

Immunizations are not just for kids! Regardless of our age, we all need immunizations (also called vaccines or shots) to stay healthy and protect us from serious diseases. To help keep you and your family safe, PEBP is proudly participating in National Immunization Awareness Month.



Shots can prevent infectious diseases like measles, diphtheria and rubella. But people in the U.S. still die from these and other vaccine-preventable diseases. It's important to know which shots you need and when to get them.

Everyone over 6 months of age needs a seasonal flu shot every year. Other shots work best when they are given at certain ages. Here are some general guidelines:

- Children need a series of shots from birth to age 6.
- Pre-teens need recommended shots at age 11 or 12.

All adults need a booster shot every 10 years to help protect against tetanus and diphtheria.

Talk to your doctor or nurse to find out which immunizations you need.

Four reasons to be vaccinated:

1. Vaccine-preventable diseases haven't gone away. Without the protection of vaccines, we will experience more disease outbreaks, more severe illness and more deaths.
2. Vaccines will keep you healthy. The Centers for Disease Control and Prevention recommends vaccinations throughout your whole life to protect against many infections and diseases.
3. When you skip your vaccines, you leave yourself vulnerable to illnesses such as shingles, pneumonia, influenza, as well as HPV and hepatitis B, both leading causes of cancer.
4. When you get sick, your children, grandchildren and parents are at risk of getting sick too.

For more information visit www.pebp.state.nv.us to view the Catalyst Rx Immunization Power Point presentation and immunization schedules for adults, pre-teens, teens and children.

Health Matters



Protect Yourself From Rogue Internet Pharmacies

Buying medications from an online pharmacy may seem like the ideal solution to lowering your out-of-pocket costs. However, finding quick and affordable medications on the Internet can put you at risk of purchasing drugs that have expired or are counterfeit, contaminated or simply unsafe for consumption.

Use caution when buying medications from online pharmacies and never buy medications from an unverified pharmacy. Buying from an unverified pharmacy can put you at risk of buying fake medications which often lack the medication's active ingredients and may contain dangerous adulterants.

If you buy online, use only websites that have met all standards recognized by the National Association of Boards of Pharmacy (NABP). The NABP continuously reviews and monitors online pharmacy outlets, and those that are found to be out of compliance with state and federal laws and/or NABP patient safety and pharmacy standards are listed as *Not Recommended* by the NABP.

Don't put your health at risk. If you are buying medication or perhaps considering buying medication from an online provider, protect yourself by checking the provider's verification status at www.nabp.net/consumers/vipps-online-pharmacies or www.PharmacyCheck.com.

Note: Medication pricing data is not collected by NABP. To get information and pricing comparisons on medications available from legitimately operating Internet pharmacies, visit www.pharmahelper.com.

~~Important!~~

The cost of medications purchased from a non-PPO online pharmacy are not applied to the CD PPO HDHP annual deductible or annual out-of-pocket maximum.

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Is it heartburn or a heart attack?

It is no surprise that people who have heartburn sometimes fear they are having a heart attack. That is because the symptoms can be very similar. But for someone who is having a heart attack, delaying treatment can be a matter of life and death. Some typical heart attack signs are listed below. However, not all people experience the same symptoms. If you are in doubt, don't take a chance. Call 9-1-1 within five minutes following the onset of symptoms.

	Heart attack	Heartburn
Sensation	Pressure, squeezing, tightness or pain in the center of the chest. Might last for several minutes or go away and come back.	Burning in throat that generally occurs after eating. Can be accompanied by a bitter or sour taste at the back of throat.
Location	Discomfort in other areas of the upper body. Symptoms include pain or discomfort in one or both arms, the back, neck, jaw or stomach.	Pain is usually felt below the breastbone or ribs. It usually doesn't radiate to your shoulders, arms or neck, but can.
Quick tests	Shortness of breath with or without chest discomfort.	Sensation often goes away soon after taking an antacid, such as Rolaids or Tums.
Other signs	Breaking into a cold sweat, fainting, light-headedness or nausea.	Pain tends to increase when bending over, exercising, lifting heavy objects or lying down.
Action	If you suspect you are having a heart attack, don't wait more than five minutes before calling for emergency help.	Make lifestyle changes and, if necessary, take heartburn medication.

Health Savings Account (HSA)

Employees are becoming more savvy when it comes to their HSAs. Many are taking advantage of tax-preferred treatment for their healthcare, making self-contributions and investing in Mutual Funds to save for future healthcare expenses.

Perhaps you are considering making contributions to your HSA in addition to those provided by PEBP or, maybe, you are hesitating because you are not quite sure how the program works. In either case, we want to share with you many of the questions we receive from employees regarding HSAs.

Are HSAs based on a calendar year or fiscal year?

HSAs are regulated by the Internal Revenue Service and the contribution limits are based on a calendar year. For calendar year 2012, the contribution limit, including any amount contributed by PEBP is \$3,100 for Participant Only and \$6,250 for those who cover dependents.

Are the HSA elections submitted online (using the E-PEBP Online Enrollment Tool) based on six months or twelve months?

HSA elections made during open enrollment are divided by twelve months, not six. Therefore, employees who want to contribute the maximum for calendar year 2012 (through December 31) may need to modify their HSA election at www.healthSCOPEbenefits.com.

Is the HSA an interest bearing account?

Yes, HSA monies accrue interest regardless of the balance in the account. Healthcare Bank uses the daily balance method to calculate interest. This method applies a daily periodic rate to the principal balance in the account each day; however, any interest earned during the month is only credited to the account on a monthly basis.

What investment options are available with the HSA?

There are Mutual Fund options such as Templeton Global Bond A, Nationwide S & P 500 Index A, and Keeley Small Cap Value. For specific fund information or to review prospectuses, please visit www.healthscopebenefits.com and select "View HSA/HRA Information" under Quick Links. Then click "HSA Investment Details."

Is there a minimum balance one must have in the HSA before investment options are available?

Yes, investment options are available on accounts exceeding \$2,000. Please note, amounts exceeding \$2,000 are automatically invested on behalf of the employee. However, employees can also manage their own investments at www.healthscopebenefits.com.

Is there a daily maximum spending limit on the HSA debit card?

Yes, HSA debit cards have a \$2,000 per day spending maximum. If the cash account falls below \$1,900, any invested funds will automatically transfer back to the cash account to restore the cash account to \$2,000. Transfers from investment accounts to the cash account takes approximately three days to complete. There are no penalties for using invested money for qualified healthcare expenses.

Are there any sales commissions or loads when purchasing Mutual Funds?

No, the Mutual Fund carriers have agreed to waive any sales commissions or loads.

How can I project the future value of my account?

You can project the future value of your account using the *Account Projection* link on the HealthSCOPE Benefits website. This will give you a hypothetical estimate of how your balance may accumulate over time. Of course, this is only an estimate and your own HSA could be different.

How long does it take for a modified election to take effect once it has been submitted on the HealthSCOPE Benefits website?

It takes approximately one month before the deduction modification appears on an employees paycheck.

Health Savings Account (HSA)

Can HSA funds be used to pay for expenses incurred in a previous year?

Yes, but only if you established the HSA before you incurred the expense.

What happens if an employee exceeds the calendar year contribution limit to their HSA?

Contributions (and interest earned from the excess contribution) that exceeds the calendar year limit may be withdrawn from the HSA by April 15th of the following year without a tax penalty. However, you must pay income tax on the excess contributions and any earnings attributable to the excess contribution.

Is there a time limit for requesting reimbursement for qualified healthcare expenses?

No, there is no time limit. However, you will need to keep legible receipts and records in case you are audited. You can decide whether to use the money to pay for qualifying out-of-pocket healthcare expenses or save the HSA money to pay for future healthcare expenses.

What are allowable "catch-up" contributions?

If you are age 55 or older at the end of the tax year, you can contribute up to the annual maximum allowable "catch-up" amount. For calendar year 2012, the "catch-up" amount is \$1,000.

What happens to the HSA for active employees who age-in to Medicare?

Employees aging in to Medicare (and enroll in Medicare Part A and/or Part B) during the year may retain the HSA to pay for qualifying healthcare expenses; however, may no longer contribute to the HSA.

Can an employee continue using the HSA debit card after retirement?

Yes, the HSA debit card is a "smart" card; therefore, after an employee retires, he or she may continue to use the debit card to pay for qualifying out-of-pocket healthcare expenses. The "smart" card will automatically withdraw funds from the HRA until the funds are depleted, then it will withdraw any available funds from the HSA.

"PEBP Hotline" From Carson Tahoe Hospital

Carson Tahoe is simplifying your healthcare decisions with a PEBP PPO Member Hotline. With personal navigation services, the Hotline is manned Monday through Friday, 8:00 a.m. to 5:00 p.m.

Gathering healthcare information can be difficult and sometimes intimidating. When your doctor recommends a procedure, be it surgery, imaging, pain management or other healthcare action, Carson Tahoe can help you determine costs based on your coverage.

The Hotline gives you direct communication with Carson Tahoe's health navigation services. Health navigators are specially trained to assist with cost of care. They work directly with patient financial services to quote prices and assistance with scheduling appointments.

You also get direct access to Carson Tahoe's medical staff representing more than 35 different specialties. Navigation services can assist with primary care referrals and questions regarding access to programs and services to keep you well.

Personal Healthcare Navigation - Pricing for CTH Services

Primary Care Referrals - Health Resources programs

For more information, call the Hotline: 775-445-PEBP (445-7327)



901 S. Stewart Street, Suite 1001
Carson City, NV 89701

We're in it together

What's New From HealthSCOPE Benefits...

Coming this fall - HealthSCOPE Benefits (HSB) will be launching a tool on their website to allow you to estimate the cost of most frequently used services. The tool will include inpatient episodes of care; therefore, the costs will include the facility and physician costs of the service, outpatient surgery episodes of care, imaging services and common physician office visit services. The price is based on current average cost.

New Explanation of Benefits - HealthSCOPE Benefits has a new and improved Explanation of Benefits (EOB). They have taken many of your suggestions to make the EOB easier to read and understand. The EOB now shows what you owe and the sources of patient responsibility including deductible, coinsurance and any amounts not covered. In addition, they have added more detail on the deductible and out-of-pocket maximum.

Plan Contacts

Description	Administrator	Phone	Website
Enrollment and Eligibility	Public Employees' Benefits Program	775-684-7000 800-326-5496	www.pebp.state.nv.us
PPO Medical, Dental, Vision	HealthSCOPE Benefits	888-763-8232	www.healthSCOPEbenefits.com
PPO In-State Network	Hometown Health & Sierra Health-Care Options	800-336-0123	www.pebpstatewideppo.com
PPO Out-of-State Network	First Health Network	800-226-5116	www.myfirstthehealth.com
PPO Pharmacy Plan	Catalyst Rx*	800-799-1012	www.catalystrx.com
PPO Utilization Management	APS Healthcare	888-323-1461	www.apshealthcare.com
Live Well, Be Well Prevention Plan Diabetes Care Management	U.S. Preventive Medicine	877-800-8144	http://nevadapebp.thepreventionplan.com/
HMO Northern Nevada	Hometown Health	775-982-3232	http://stateofnv.hometownhealthplan.com
HMO Southern Nevada	Health Plan of Nevada	702-242-7300	http://stateofnv.healthplanofnevada.com
PPO/HMO Dental	Diversified Dental Services	775-337-1180 702-869-6200	www.ddspgo.com

*Catalyst Rx recently completed its merger with SXC Health Solutions. In mid-July, Catalyst Rx publically unveiled their new name, Catamaran Rx and new branding; however, this change will not effect PEBP CD PPO HDHP participants until next plan year. You may continue to use your current PPO medical ID card(s) and the pharmacies will continue to recognize the Catalyst Rx name and your prescription drug coverage.